

INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM:

- **Mr., Mrs., Miss, Ms.:** Prefix to name is optional.
- **ADDRESS WHERE YOU LIVE:** This must be your residence and domicile. You may not use your business, mailing or secondary address.
- **CA DRIVER'S LICENSE OR CA ID CARD NUMBER:** No person shall be denied the right to register because of his or her failure to furnish a California driver's license or California identification card number. (optional)
- **TELEPHONE:** Please include area code. This number is posted in precincts on election day. (optional)
- **POLITICAL PARTY:** Fill in the oval in the box preceding your choice of a qualified political party, "Decline to State" or "Other". If you mark "Other", you may print the name of an unqualified political party. All properly registered voters may vote for any candidate of their choice for each office at any primary election regardless of political affiliation. (Pursuant to Proposition 198 of 1996)

Mail completed form to:

Registrar of Voters
P.O. Box 15467
Santa Ana CA 92735



STATE OF CALIFORNIA — VOTER REGISTRATION FORM

COUNTY OF ORANGE

ARE YOU A U.S. CITIZEN?

☐ Yes ☐ No

► If no, don't fill out this form.

USE BLACK OR BLUE INK—PLEASE PRINT CLEARLY

☐ Mr. ☐ Mrs.
☐ Miss ☐ Ms.

LAST NAME (Only)

FIRST NAME (Only)

MIDDLE NAME (Only)

ADDRESS where you live: (Number, Street, Ave., Road, Drive, Including N, S, E, W, NO PO BOX)

APT #-SP #

CITY

STATE

ZIP CODE

COUNTY

CA

IF NO STREET ADDRESS, describe where you live: (Cross Streets, Route, Section, Range, N, S, E, W)

MAILING ADDRESS: (If different from the address where you live, or PO BOX)

CITY

STATE

ZIP CODE

FOREIGN COUNTRY

DATE OF BIRTH

Month Day Year

PLACE OF BIRTH — (State or Country Only)

CA DRIVER'S LICENSE OR CA ID CARD #

TELEPHONE

POLITICAL PARTY — Fill in One Oval

☐ American Independent Party

☐ Democratic Party

☐ Green Party

☐ Libertarian Party

☐ Natural Law Party

☐ Reform Party

☐ Republican Party

☐ Decline to State

☐ Other

(Specify)

HAVE YOU EVER BEEN REGISTERED TO VOTE?

☐ No ☐ Yes

If Yes, give information from last voter registration form.

LAST NAME

FIRST NAME

MI

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

POLITICAL PARTY

Fill in oval to receive election materials in the language you prefer in addition to English.

Llene el óvalo para recibir materiales en el idioma que prefiere, además de materiales en inglés.

Đánh dấu vào ô bầu dục để nhận các tài liệu bầu cử bằng ngôn ngữ quý vị muốn chọn ngoài Anh ngữ.

☐ Español ☐ Tiếng Việt

(FOR OFFICE USE)

WARNING: It is a felony if you sign this statement even though you know it is untrue; you can be fined and imprisoned for up to four years.

VOTER DECLARATION — Read, Sign and Date Below.

- I am a U.S. Citizen.
- I will be at least 18 years old on or before the next election.
- I am not in prison or on parole for a felony conviction.
- The residence address shown on this affidavit is my true and correct residence address.

I have read and understand the contents of this form. I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.

SIGNATURE — SIGN AND DATE IN BOX BELOW.

Signature

Today's Date

If someone helps fill out or keeps this form, see special instructions below.

(a) (b)

(c) (d)

(e) (f)

(g) (h)

OPTIONAL SURVEY: Can you help in the following area(s)?

- ☐ Polling Place Worker
- ☐ Polling Place Site
- ☐ Bilingual Polling Place Worker -

Language